

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/24/2011
FORM APPROVED
OMB NO. 0938-0391

454 5/07/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445368	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 3/21/11
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NAME OF PROVIDER OR SUPPLIER

HARRIMAN CARE & REHAB CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

240 HANNAH ROAD

HARRIMAN, TN 37748

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 067 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the proper air flow is maintained throughout the building.</p> <p>The findings include:</p> <p>Observation on March 21, 2011 at 10:45 a.m. revealed the exhaust fan installed on the 400 wing was out of service and no exhaust in 7 of 7 patient restrooms.</p>	K 067	<p>K- 067 NFPA 101 Life Safety Standard</p> <p>1. The new parts obtained and the air flow of the exhaust fan on 400 hall was repaired on 4/4/11.</p> <p>2. Residents on 300 and 400 hall have the potential to be affected.</p> <p>3. The maintenance department will audit the exhaust equipment once per week x 4 weeks for proper functioning.</p> <p>4. The Director of Plant Operations will report inspection findings to the PI Committee at the first meeting after the audit is completed. (PI committee consist of minimally: Administrator, DON, Unit Mgrs, and SSD) PI Committee will review, discuss, and make any necessary revisions or recommendations.</p>	4/8/11
K 072 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the corridors in the means of egress were maintained clear of all obstructions.</p> <p>The findings include:</p>	K 072		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 072	Continued From page 1 Observation on March 21, 2011 at 11:25 a.m. revealed three (3) Hoyer lifts stored in the 300 hall and two (2) Hoyer lifts in the 400 hall.	K 072	<p>K - 072 NFPA Life Safety Code Standard</p> <p>1. The Hoyer lifts were removed from the 300 hall and 400 hall corridors on 3/21/11.</p> <p>2. Residents ambulating on 300 hall or 400 hall have the potential to be affected.</p> <p>3. Storage of the Hoyer lifts on 300 hall and 400 hall will be assigned to a designated location that is not an obstruction of the egress from the corridor by 4/20/11. In-service training will be conducted for 100% of nursing staff by the Director of Nursing or designee by 4/20/11 concerning the proper location and storage of the lifts when not in use. Members of the Lift Committee will conduct random audits for the proper storage of the lifts at least once per week x 4 weeks.</p> <p>4. Members of the Lift Committee will report their inspection findings to the PI Committee. (PI Committee consist of at a minimum: Administrator, DON, Unit Mgrs, and SSD) PI Committee will review, discuss, and make any necessary revisions or recommendations.</p>	5/2/11